Issue Paper 2: Absence in RCW and WAC of Prevention and Control of Bloodborne Infections other than HIV
DRAFT

PROBLEM STATEMENT: Currently, there is no specific authority in Washington State statutes for public health control of bloodborne infections (BBIs) other than HIV. The 1988 Omnibus AIDS Law, incorporated into RCW 70.24, addressed HIV/AIDS, but did not include other BBIs such as hepatitis B (HBV) and hepatitis C (HCV). Problems created by this omission include:

- There is no definition of BBIs in public health statutes, despite the fact that BBIs other than HIV are important public health concerns and present many of the same issues as HIV.
- Disclosure and confidentiality requirements and authority for HIV testing do not apply to other BBIs, including circumstances where someone is exposed to another's blood.
- Public health disease investigators are not now authorized to draw blood for testing for BBIs as they are for sexually transmitted diseases, including HIV.
- There is no penalty for persons who knowingly expose another person to potentially fatal BBIs other than HIV**,** through needle-sharing, blood or organ donation.
- Specific authority does not exist for testing for BBIs other than HIV when jail detainees or correctional inmates engage in specific behaviors that place staff or other inmates at risk of transmission.
- Health officer orders for testing, counseling and certain restrictive measures relating to behavior endangering public health are not specifically authorized for BBIs other than HIV.

As a consequence of the omission in statute of control of other BBIs, legal barriers can prevent public health from obtaining mandatory source testing for HBV and HCV under circumstances of exposures or potential exposures to blood, including "good Samaritans." In addition, despite their greater prevalence, HBV and HCV are perceived as less important diseases than HIV for public health prevention and control. Education, counseling, and testing activities for HBV and HCV are not appropriately prioritized.

DISCUSSION: Routes of transmission of HIV, HBV, and HCV include sexual and bloodborne. According to the Centers for Disease Control and Prevention, the incidence of seroconversion after an accidental percutaneous exposure from a positive source ranges from 37%--62% for HBV (when source is both HBsAg- and HBeAg-positive); averages 1.8% for HCV; and averages only 0.3% for HIV [1]. In addition, both HIV and HBV can be easily transmitted from infected pregnant women to their offspring and effective measures exist to prevent such transmission. HCV prevalence is greater than prevalence of either HIV or HBV. In the U.S., estimates of chronic infection prevalence are: HCV - 2.7 million, HBV - 1.25 million, HIV - 850,000. Effective treatment exists for up to 40% of persons with HCV. There is little justification from a public health perspective for different statutory authorization for control and prevention of HIV as compared to other serious BBIs.

The State Legislature has recognized the need for bloodborne hepatitis control in only a very limited way through:
RCW 70.54.120 – Liability associated with blood products/organs (1987)
RCW 70.05.180 – Testing of good Samaritans (1999)
RCW 70.54.320 – Risk associated with electrology and tatooing (2001)

1. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm

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Please direct questions and comments to Dennis Klukan, MSEPH, chair
Dennis.klukan@co.yakima.wa.us